

## HEALTH ANNUAL STATEMENT

		OR THE YEAR ENDING DECEMBER OF THE CONDITION AND AFFAIRS		
	MEMPHIS I	MANAGED CARE O	ORPORATIO	ON
NAIC Group Code 0000	, 2004	NAIC Company Code 00000		
(Current Period)	(Prior Period)			
Organized under the Laws of TENN	ESSEE	, State of D	omicile or Port of Entry Te	nnessee
Country of Domicile US				
Licensed as business type:				
Life Accident and Health [ ] Dental Service Corporation [ ] Health Maintenance Organization [ X ]	Is HMO Fed	Property/Casualty [ ] Vision Service Corporation [ ] erally Qualified? Yes (X) No ( )		ospital, Medical and Dental Service or Indemnity [ ] ther [ ]
Incorporated/Organized July 7, 1993		Commenced Bu	siness January 1, 1994	
Statutory Home Office1407 Union Av	ve. Suite 200, Memphis, Tennessee	38104		
State of the same		(Street and Number, City or Town, 5	State and Zip Code)	
Main Administrative Office 1407 Unio	on Ave. Suite 200, Memphis, Tenne	ssee 38104		901-725-7100
		(Street and Number, City or Town, State and Zi	p Code)	(Area Code) (Telephone Number)
Mail Address 1407 Union Ave. Suite 200	, Memphis, Tennessee 38104	10		
		(Street and Number, City or Town, State	and Zip Code)	
Primary Location of Books and Rec	cords 1407 Union Ave. Suite 200,		ty or Town, State and Zip Code)	
	901-725-7100	Official Print 2000 20 Print Out to the Control of Cont	iy or rown, outle and Exp occup	
	(Area Code) (Tele	phone Number)		
Internet Website Address www.mmo	cc-tic.com			
Statutory Statement Contact Chery	/II A. Miller			901-725-7100x3022
The second secon		(Name)		(Area Code) (Telephone Number) (Extension)
cmiller@mmcc-tlc.com	(E-	Mail Address)		(Fax Number)
Policyowners N/A Relations Contact and Phone Number	(Street and Numb	er, City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)
		OFFICERS		
		1. AL KING (President) 2. BRUCE STEINHAUER, DR. (Se	cretary)	
		***	•	
		VICE PRESIDENTS		
		DIRECTORS OR TRUST  JEFF BRANDON STEVEN BURKETT BARRY FOWLER BRENDA JETTER AL KING	EES	
		STUART POLLY, DR.		

ANDY SPOONER, DR. BRUCE STEINHAUER, DR.

State of	Tennessee	l
County of	Shelby	

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Company

BRUCE STEINHAUER, DR Secretary

AL KING
President

ubscribed and sworn to before meths

J day of March, 2006

STATE

TENNESSEE
NOTARY
PUBLIC NOTARY PUBLIC (See NOTARY PUBLIC SEE NOTARY PUBLIC (See NOTARY PUBLIC SEE NOTARY PUB

a. Is this an original filing?

Yes ( ) No (X)

b. If no: 1. State the amendment number

2. Date filed

March 27, 2005

3. Number of pages attached

## Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

Report #2A: TENNCARE OPERATIONS STATE	ort #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES			
	Currer		Previous Year	
	Current	Year to Date		
	Period	Total	Total	
Member Months	540,270	2,246,795	2,369,087	
REVENUES:				
1 TennCare Capitation	87,032,898	367,876,872	366,975,393	
2 Investment	313,406	864,208	247,606	
3 Other Revenue	15,266	43,358	764,874	
4 Total Revenue	87,361,570	368,784,439	390,850,243	
'				
EXPENSES:				
Medical and Hospital Services				
5 Capitated Physician Services	2,990,738	12,205,478	11,513,525	
6 Fee for Service Physician Services	22,920,541	93,556,322	89,264,441	
7 Inpatient Hospital Services	21,071,552	90,584,074	73,923,828	
8 Outpatient Services	28,313	138,972	270,682	
9 Emergency Room Services	6,517,513	27,868,700	23,979,250	
10 Mental Health Services	2,067	17,119	34,970	
11 Dental Services	-	17,710	49,461	
12 Vision Services	478,011	1,926,889	2,618,960	
13 Pharmacy Services	-	2,511	37,822	
14 Home Health Services	908,351	3,589,644	2,983,935	
	900,331	3,309,044	2,900,900	
<ul><li>15 Chiropractic Services</li><li>16 Radiology Services</li></ul>	1 110 152	- - 27- 607	40 500 400	
17 Laboratory Services	1,110,153	5,275,687	10,509,469	
18 Durable Medical Equipment Services	2,354,851 95,945	10,909,636 928,798	10,309,176	
19 Transportation Services	989,529	4,043,600	7,271,374 4,441,843	
20 Outside Referrals	909,529	4,043,000	4,441,043	
21 Medical incentive Pool and Withhold Adjustments	_	_	_	
22 Occupancy Depreciation and Amortization	_	_	_	
23 Other Medical and Hospital Services	23,440,502	80,912,940	97,558,604	
24 Subtotal	82,908,066	331,960,371	334,767,340	
25 Reinsurance Expense Net of Recoveries	-	1,190,059	2,696,067	
LESS:	-	-	2,000,001	
26 Copayments	-	-	-	
27 Subrogation	(152)	6,093	304,885	
28 Coordination of Benefits	`-	244	487,529	
29 Subtotal	(152)	6,336	792,414	
	`- `	-	·	
30 TOTAL MEDICAL AND HOSPITAL	82,908,218	333,144,093	336,670,993	
	-	-		
Administration	-	-		
31 Compensation	2,451,311	9,881,839	9,779,655	
32 Marketing	18,079	61,912	83,143	
33 Interest Expense	-	-	-	
34 Premium Tax Expense	1,771,374	11,245,609	-	
35 Occupancy Depreciation and Amortization	190,082	858,581	1,191,557	
36 Other Administration	708,705	7,995,175	11,907,077	
	-	-		
37 TOTAL ADMINISTRATION	5,139,552	30,043,116	22,961,433	
	-	-		
38 TOTAL EXPENSES	79,520,020	362,997,880	359,632,426	
	-	-	·	
39 NET INCOME (LOSS)	2,475,393	8,188,759	8,355,447	